PLAINLY, WITH

UNFADING INK-THIS

state Very

PHYSICIANS should of OCCUPATION IS

Exact statement

properly classified.

e carefully supplied. so that it may be of certificate.

See Instructions on back

pinous

Information

WRITE

of Inform DEATH

Every Item CAUSE OF

20 ż Important.

PARENTS

15

stated

pinous

AGE

PERMANENT EXACTLY.

4 pe

6866 1 PLACE OF DEATH

2FULL NAME

4 COLOR

PERSONAL AND

6 DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

particular kind of work.

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO

(informant)

(Address)

OF FATHER (State or country)

(b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 134

| St.;Ward) | [it death occurred in a hospital or institution give its NAME instead |
|-----------|---|
| | Prin IIS HVMF IIISIOG |

| John i | ethoff | of street and number.] |
|---|---|---|
| TATISTICAL PARTICULARS | MEDICAL CERTIFICATE | OF DEATH |
| R RACE SINGLE, WISOWED, WISOWED, WISOWED, WISOWED, WISOWED, WITTE the word) | 16 DATE OF DEATH | 1914 (Iday (Year) |
| Q.O. D | 17 I HEREBY CERTIFY That | l attended deceased from |
| (Month) (Pay (Year) | that I last saw halive on | |
| , It less that 1 day,hrs. ORmin. ? | and that death occurred on the date state The CAUSE OF DEATH* was as follows: | |
| pore | Stee form or | Les |
| | (Duration) | yrs. mos ds. |
| nmilety has | Secondary (Duration) | yrs mos ds. |
| my fourtan | (Signed) Wy 7, 191 (Address) | mitofre |
| nary attoy | *S the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL | |
| maryland | At place In the ot death yrs mos ds. State Where was disease contracted, | |
| Alling | It not at place of death? | *************************************** |
| itsbird mil | 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| M. Z. Shull | 20 UNDERTAKER | ADDRESS |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., furnesting V. S. No. 1.

20

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of ago. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (c. g., mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Ex-



S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or Institution, give its NAME instead of street and number.]

Village or City State Danalowen 28
2FULL NAME Philip amarino

| | PERSONAL AND STATISTICAL PARTICULARS | - MEDICAL CERTIFICATE OF DEATH - |
|--------|---|--|
| 3 SI | 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 D/ | ATE OF BIRTH | June 10 1914 to July 21 1914 |
| | (Month) (Day (Year) | that I last saw h Augustive on July 21 1914 |
| 7 A | | and that desth occurred on the date stated above, at 6:33 P.m. |
| | 31 yrs 11 mos 23 ds. 1 day, hrs. or min.? | The GAUSE OF DEATH* was as follows: |
| 80 | CCUPATION | |
| (8) | Trade, profession, or | Pullianory Tuberculous |
| | Cleular kind of work | |
| bus | lness, or establishment in I | (Duration) 4 yrs mos ds. |
| | ch employed (or employer) | Contributory Chrome nephratis |
| | (State or country) Haly. | Secondary |
| | 10 NAME OF | Quration) yrs mos ds. |
| | FATHER autorio amarino | (Signed) N. Howard ye ager, M. D. |
| ARENTS | 11 BIRTHPLACE OF FATHER (State or country) | *State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT |
| | 12 MAIDEN NAME OF MOTHER OF TO | CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| Δ. | programmes a | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| | 13 BIRTHPLACE OF MOTHER (State or country) | At place of death yrs mos ds state yrs mos ds |
| 14 T | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, Lundenvurv. |
| | (Informant) U. J. Hughes. | Former or usual residence 6216. 28th. H., Bolto, md. |
| | (Address) State Douglowin Me | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 | 0100 | Ballwine, mid 3, 1914. |
| RI | 00 Aug / 1914 . C. N. Stew | 20 UNDERTAKER ADDRESS |
| 7 | REGISTRAR | M. S. Creoger Thurword, Mil. |
| - | If more blanks are needed, address State Regist | trar, 6 E. Franklin St. Radio Requesting V S No. 1 |

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: applies to each and every person, irrespective of age. cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection necd not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origiu; "Caninjury, as fracture of skull, and cousequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio childbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "lnauition," "Marasgeuital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustiou," "PUERPERAL septichae Never report



S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated properly classified. UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. WITH WRITE CAUSE OF Important. S

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St .:---...Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

| _ | FULL NAME Down Show as | Danies |
|-------------------|--|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 51 | 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) 17 (Al HEREBY CERTIFY. That I attended deceased from |
| 6 D/ | Sunto 25, 1835 (Month) (Day (Year) | Die not 191 atting line, 191 |
| TAC | If LESS than 1 day,hrs. | and that death occurred on the date stated above, at |
| (a) pai (b) | OCCUPATION Retired of armes Trade, profession, or ticular kind of work General nature of industry, iness, or establishment in | To be Heart Salling |
| whi | ch employed (or employer) | (Ouration) yrsmosds. |
| 8 BI | RTHPLACE (State or country) Mary Land | Secondary (Augustian) |
| S | 10 NAME OF FATHER GARAGE J. J. Jarres | (Signed) (Address) Chronille Much |
| ARENTS | OF FATHER (State or country) 12 MAIDEN NAME | State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| PA | 13 BIRTHPLACE OF MOTHER (State or country) Mary Land | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds |
| | (Informant) L. A. MANAGE KARALES | Where was disease contracted, If not at place of death? Former or osual residence. |
| 15 | (Address) Lew Fundsor Ind. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| FII | ed Josh 12, 1914 W. J. J. J. J. J. J. PROGETERA | 20 UNDERTAKER ADDRESS ADDRESS |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer. The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mns," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronie canse of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacgenital," "Senile," ctc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditious, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 (Recommendations on statement of State cause for "Exhaustion," Never report Ex-



No. 1. 'n

A PERMANENT

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.

| 2 FULL NAME Garale Clien 12 | lauer |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTAFICATE OF DEATH |
| Female Black Short (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY That I attended deceased from |
| 6 DATE OF BIRTH (Month) (Day) (Year) | that I last saw her alive on July 16 , 1914. |
| TAGE It LESS than t day, hrs. ORmin.? | and that death occurred on the date stated above, at |
| BOCCUPATION (a) Trade, protession, or particular kind of work | Rule Interstitud reflictes |
| (b) General nature of Industry, business, or establishment in which employed (or employer) Hacese - wife | (Duration) yrs. mos. 6 ds. |
| 9 BIRTHPLACE (State or country) Loudous Co. Va | (Secondary) (Operation) (Secondary) (Operation) (Operation) (Operation) |
| 10 NAME OF Daniel Shurger | (Signed) Joseph M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME O 13 MAIDEN NAME O 14 MAIDEN NAME O 15 MAIDEN NAME O 16 MAIDEN NAME O 17 MAIDEN NAME O 18 M | State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT |
| of Mother Sarah Run Johnson | 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TOLDRESS |
| OF MOTHER (State or country) Landon Cal Va - | At place In the ot death yrs, mos, ds. State yrs, mos, ds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, It not at place of death? |
| (Informant) Paint of Rock, Md | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Her July 18 1914 Rnalkin Trapnell | Poloral Cornele The Ruek July 18 , 1914 20 UNDERTAKER L ADDRESS |
| If more blanks are needed, address State Registrar, 6 F | E. Franklin St. Balto Requesting V. S. No. |

[Approved by L. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who receive a definite saiary), may be entered as cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

9.50

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcinbasis of lungs, meninges, peritonacum, etc..

ture of the American Medicai Association.) injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Can Examples:



MARGIN RESERVED FOR BINDING

V. S. No. 1.

| | • | state |
|----------------|---|---|
| | | should ON Is |
| | RECORD | PHYSICIANS OF OCCUPATI |
| V. 35. 170. I. | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| | | ž |

| County Fuderioh 6810 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /32 |
|--|---|
| Village or City Meddletown (No | St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Year) (Year) (Year) |
| (Monyh) (Day (Year) 7 AGE (Monyh) (Day (Year) 1 (LESS than 1 day, e.hrs. OR. e.min.? | that Plast saw has alive on 191 and that death occurred on the date stated above, at 40 m, The CAUSE OF DEATH* was as follows: |
| (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE* (State or eountry) **Manual aird* | Contributory Secondary |
| 10 NAME OF FATHER Brandwhy 11 BIRTHPLACE OF FATHER (State or country) Maryland 22 MAIDEN NAME OF MOTHER OF MOTHER AND | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally Suicipal, or Homicipal. |
| of Mother Bertha Harteock 13 BIRTHPLACE OF MOTHER (State or country) Many and 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Brandhuburg | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease confracted, if not at place of death? Former or usual residence. |
| (Address) Middletown, Md 16 Filed Suls 14, 1914 G. G. Lamas | 19 PLACE OF BURIAL OR REMOVAL Middletown, Mid July 14th, 1814 20 UNDERTAKER ADDRESS |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborerness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specfstatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestie service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second been changed or given up on account of the disease Servant, Cook, Housemaid, etc. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease ean be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canlnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for cause. Always qualify all diseases resulting from mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

700 5 1814

state Very 65 PHYSICIANS should of OCCUPATION IS classifled. pe properly pe supplied may certificate. that 20 o back terms. instructions piai _ DEATH 1 Every item CAUSE OF Important.

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THIS UNFADING WITH m

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

OF MOTHER (State or country

ENT

PARI

16

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Threderick Registration Dist. No If death occurred in a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, Levale 4 COLOR OR RACE 16 DATE OF DEATH MARRIEO, WIDOWED. ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY. That I attended deceased from OF BIRTH (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 3-10 of m. 1 day hrs. The CAUSE OF DEATH* was as follows: OR ? Sudo ande BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death _____ yrs. ___ mos. __ State _____ yrs, ___ mos. Where was disease contracted. If not at place of death?

OF BURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Former or

usuai residence

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[Approved by U. S. Censns and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The Housewife, Housework, or At Home, and children, not tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ANG 5 1914

BUREAU T.S.

V. S. No. 1.

CAUSE OF Important. S

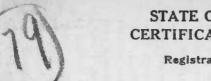
N. B.-

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state TEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLAGE OF DEATH 6812

County Frederick

Village or Chy Braddock (No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :--- Ward)

[It death occurred in a hospital or Institution, give its NAME instead of street and number.]

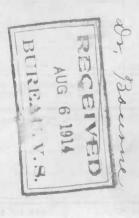
| FULL NAME Sauce Com | aug |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| General Colored 5 single, MARRIED, WIDOWED, ORDIVORCED alword Write the word | 16 DATE OF DEATH (Month) (Day (Year) 17) 1 hereby certify, that I attended deceased from |
| Month (Day (Year) | that I last saw her alive on July 19 1914 |
| 7 AGE It LESS than 1 day,hrs. OR min.? | and that death occurred on the date stated above, at 225 h.m. The CAUSE OF DEATH* was as follows: |
| e OCCUPATION (a) Trade, profession, or particular kind of work ### ### ### ### #################### | Dardine Valoular Disease |
| (b) General nature of industry, business, or establishment in which employed (or employer) | (Duration) 2/ yrs mos ds. |
| 9 BIRTHPLACE (State or country) Virguia | Secondary (Ouration) yrs 2/ mos ds |
| 11 BIRTHPLACE | (Signed) A G. Bocone, M. D. 7-23-1914 (Address) Deleux MA |
| OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL |
| 13 BIRTHPLACE OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edward Reed | It not at place of death?———————————————————————————————————— |
| (Address) Braddocks. Mod. | Greenmount bess July 24, 1914. 20 UNDERTAKER Frederich ADDRESS |
| Filed 191 TREGISTRAR If more blanks are needed, address State Register | Thomas P. Roice Frederick |

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every persou, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasdent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) (Recommendations on statement of



PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

No. 1. υż

N. B.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6813 PLACE OF DEATH



STATE OF MARYLAND

| Gounty 777 8 M/2 | Registration Dist. No. 149 |
|---|---|
| VIIIage or City Livistown (No | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH My (Month) (Day (Year) 17 M 1 HEREBY CERTIFY, That I attended deceased from |
| S DATE OF BIRTH MAY 20, 185/ (Month) (Day (Year) | MMR , 1918, to July 12 , 1914, that I last saw h to alive on m July 11 , 1914. |
| TAGE If LESS than 1 day,hrs. ORmin.? Coccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) | and that death occurred on the date stated above, at 8 A.m., The CAUSE OF DEATH* was as follows: O ercurone Gall bladder (Duration) yrs. 4mos. ds. |
| 9 BIRTHPLACE (State or country) Manyland | Contributory Secondary (Doration) / yrs mos ds. |
| 10 NAME OF FATHER Annul A Holger 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER | (Signed) |
| 13 BIRTHPLACE OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, |
| (Informant) La Carrier & Carrier | If not at place of death? Former or usual residence |
| Filed July 13th, 1914 Grayson D. Smooth | Trederick, MM July 14 191.4. 20 UNDERTAKER JADBRESS M.L. Cerenger Thurston MA |

If more blanks are needed, address State Registrar, 6 E. Frankly, St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term or the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the Head of injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichae cause. mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Accidental, Suicidal, or Homicidal, or as probably T DEATHS state MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for

ture of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered to letail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

AUG 4 1914

QUIONIB 00 ERVED FB ARGIN

CSICIANS should occupation is PHYSICIANS Jo PERMANENT classified. INK supplied UNFADING certificate. 90 WITH back pinou plain Instructions 2 DEATH 0 Item 10 mportant. Every

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state

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. fit death occurred to St.:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Year) (Day) ORDIVORCED Write the word) norca CERTIFY. That I sttended deceased from 8 DATE OF BIRTH Day (Year) (Month) it LESS than 7 AGE and that death occurred on the date stated above, at... 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) 7 yrs. — mos. which employed (or employer) Contributory..... State or country) (Secondary) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE (Address) PARENT (State or country) State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death State yrs, mos. ds. yrs. mos. ds. Where was disease contracted. it not at place of death?... usual residence re well me OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, .For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has As examples: "Foreman," 6

pneumonia"); Lodar pneumonia; Bronchopneumonia losts of lungs, meninges, peritonaeum, etc.. brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septichueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailsture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasuant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-For VIO-

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-AUG 3

1914



S. No. 1.

| | *FULL NAME Thomas M.O. | St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.; |
|---------------------------------|--|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 381 | Male Whele Single, Male Whele Single, Married, Widowed, ORDIVORCED (Write the word) | 16 DATE OF DEATH Well 13 (Month) (Day 17 1 HEREBY CERTIFY That I attended decess |
| 6 D/ | ATE OF BIRTH CFEL 6 431 | HEREBY CERTIFY/That I attended decessed from 27, 191 4, to suce 13 |
| TAG | (Month) (Day (Year) GE If LESS than t day,hrs. ORmin.? | and that death occurred on the data stated above, at |
| (a) pai (b) bus whi | OCCUPATION Trade, profession, or Manager Sland. Oir Co. in the relicular kind of work Phillipsin Phi | (Buration) yrs mos. Contributory asleno Declary Secondary (Doration) |
| ARENTS | 10 NAME OF Solorien de D'iribus 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME | (Signed). 1914 (Address) France (Address) Archive (Address) Archive (Address) (Address |
| PA | 13 BIRTHPLACE OF MOTHER (State or country) Induces Ca Real | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place of death yrs, mos ds. State yrs, mos. |
| | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, If not at place of death? |

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by J. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nection is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indicatising death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home, Housewife, Housework, or At Homo, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Grocery; (a) Foreman, (b) Automobile factory. The Statement of occupation-Precise statement of occupa-Spinner; (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," Farmer (retired, 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercu-Icsis of Lungs, meninges, peritonagum, etc., Carcin-

ample: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakucss," genital," theuia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and cousequences (e. g., by carbolic acid—probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "luanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) 'tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head (Recommendations on statement of etc.), "Dropsy," The nature of the "Exhaustiou,"

If this certificate is looked over thoroughly and all questions aniswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1914 BUNEATTAS.

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| RECORD | PHYSICIANS sho |
| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | 4. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate. |
| | 7 |

bin

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 134 Ilf death occurred in St: Ward) a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. ORDIVORCED (Write the word) WIDOWED. I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than 1 dayhrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry business, or establishment in which employed (or employer) ---Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER OF FATHER (State or country PARENTS (Address) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ Sfafe yrs. ____ ds. Where was disease confracted. 14 THE ABOVE If not at place of death?-Former or usual residence DATE OF BURIAL 15 State Begistrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all expect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head childbirth or miscarriage, as "Purrement septicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . ture of the American Medical Association.) The contributory (secondary or Intercurrent) (Recommendations on statement of (name origin; "Can Examples:



V. S. No. 1.

PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT AGE should be stated EXACTLY. of information should be carefully supplied. See instructions on back of certificate. N. B.—Every Item o CAUSE OF I

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

W. All-Saintst: 1 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|--|---|
| Ferrale Colored (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE OF BIRTH | 4-15,1914 to 7-6,1914 |
| Feb 28 1831 | 191./, to |
| (Month) (Day (Year) | that I last saw h & alive on 7- 6 191 4 |
| ⁷ AGE If LESS fhan | 0.44 0 |
| | and that death occurred on the date stated above, at 8.20 Pm. |
| 63 yrs 4 mos 8 ds 0R min.? | The CAUSE OF DEATH* was as follows: |
| BOCCUPATION | |
| (a) Trade, profession, or government of the particular kind of work | |
| (b) General nature of industry, | |
| business, or establishmeof in | 6 |
| which employed (or employer) | (Bursian) yrs mos. ds. |
| 9 BIRTHPLACE | Contributory Turama |
| (State or country) Maneland | Secondary |
| | (Doration) yrsds. |
| 10 NAME OF FATHER | (Signed) 6. S. Brootes un |
| Charles Trasser | (0'6'80'4) |
| O 11 BIRTHPLACE | 1 - 1,191 + (Address) Jestensty ma |
| Z (State or country) | *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT |
| U 12 MAIDEN MAME OF MOTHER // 14: | CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- |
| | |
| a Mille Butcher | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| 13 BIRTHPLACE OF MOTHER | At place in the |
| (State or country) Mangland | of death yrs mos ds. State yrs mos ds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, |
| 20/ | If nof af place of death? |
| (Interment) Alice Boulders | Former or usual residence |
| 160 W 10101 . 4 | |
| (Address) 68. W. All Sauces | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 1 1 1 | Treemount bein fuly 8, 1914 |
| Flied & Grafes 101 4 Class 4. Mc Con de | 20 UNDERTAKER ADDRESS |
| THE I STATE OF THE | M. PAP. I |
| A A Maria Maria | rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |
| If more blanks are needed, address State Regist | rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an essary to know tion is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) (0)

Statement of cause of death—Name, first, the misrase causing nearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Books

AUG 5 1914

BUREAU V.S.

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9 BIRTHPLACE (State or country)

10 NAME OF FATHER 11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE

(Address) 147, W.

| 1 PLACE OF DEATH 8818 County Frederich | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 131 |
|--|---|
| VHIAGE OF CITY Frederick (No. Costy) 2FULL NAME David To. | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male White Single Wiscource (Write the word) | 16 DATE OF DEATH (Mopth) (Mopth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Woon (July 13, 1914, to Jurum, a July 13, 1914 |
| 7 AGE (Month) (Day (Year) 1 day,hrs. 2 yrs. 9 mos. 4 ds. 0 min.? | that I last saw him alive on Willing 1 fully 13, 1914 and that death occurred on the date stated above, at 9000 mm. The AUSE OF DEATH* was as follows: |
| CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) | Thue Hours, (Duration) yrs. mgs. ds |

| (Day (Year) If LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at 9.00 pm. The AUSE OF DEATH* was as follows: The AUSE OF DEATH* was as follows: The AUSE OF DEATH was as follows: |
|--|--|
| 0 | Gontributory Polly Car accident, Crushe |
| yland best | (Signed) P(Address) Drawell |
| aryland | *State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Acciden TAL, Suicidal, or Homicidal. |
| Va. | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENCE) At place Of death yrs. mos. 24 ds. State 5 yrs. 9 mos. 44 d |
| BEST OF MY KNOWLEDGE | Where was disease contracted. From the state of death? Former or osual residence. From the state of the stat |
| Talrich St | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NOT. Olivet Cers July 15, 1914 |
| a 4 mchanda | 20 UNDERTAKER ADDRESS |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Namé, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. N. B.—Every Item o CAUSE OF I

RECORD

1 PLACE OF DEATH

County Braderich

6819

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.___

| Male White the word DATE OF BIRTH TAGE THE LESS than 1 day | VIII | FULL NAME Edward S. | William (St.; 3 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.] | | |
|--|--------------------------------------|--|---|--|--|
| Month Mo | | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| ODATE OF BIRTH ODATE OF BIRTH LACE (State or country) OF FATHER Grayson Dichelberge OF FATHER OF COUNTRY) OF FATHER OF COUNTRY OF FATHER OF COUNTRY OF MOTHER (Address) ODATE OF BURIAL OR REMOVAL ODATE OF BURIAL ODATE OF BU | 3 SE | WIDOWED, | (Month) (Day (Year) | | |
| If LESS than 1 day, hrs. 0R. min.? B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 LA CALLER STATE (Address) 16 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 17 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF B | 6 DA | TE OF BIRTH June 16 1856 | June 20 191 4, to July 29, 191 4. | | |
| (a) Trade, profession, or particular kind of work of the particular kind of work of earlier of earlier of season and the work of earlier of particular kind of work of particular kind of work of work of earlier of secondary (Duration) / yes yes work of particular kind of work of secondary (Duration) / yes yes work of secondary (Duration) / yes yes work of secondary (Duration) / yes yes work of secondary (Signed) / yes | 7 AG | E If LESS than 1 day,hrs. | The CAUSE OF DEATH* was as follows: | | |
| Signed 11 BIRTHPLACE OF FATHER (State or country) (Monyland Causes, state the Disease Causing Death, or, in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Accident of Mother (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Causes, state (1) Means of Injury; and (2) whether Accident of Recent Residence (For Hospitals, Inatitutions, Transie of death yrs. mos. ds. State yrs. mos. 16 Causes, state (1) Means of Injury; and (2) whether Accident of Recent Residence (For Hospitals, Inatitutions, Transie of death yrs. mos. ds. State yrs. mos. 18 Length of Residence (For Hospitals, Inatitutions, Transie of death yrs. mos. ds. State yrs. mos. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | (a) part (b) busin whice | Trade, profession, or Atty at Soaw. General nature of industry, ness, or establishment in h employed (or employer) ATHPLACE (State or country) | Gontributory acutedilatation teast: | | |
| At place OF MOTHER (State or country) Mongelous of Of death yrs. mos. ds. State yrs. mos. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Most. G. S. Ecchelberge (Address) P. S. M. Cheechelberge 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mat. Olivet Community S.1, 181 | ENT | 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. | | |
| (Address 18 8, Cheerch St 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 Mati. Olivet Com fulg 31, 181 | | 13 BIRTHPLACE OF MOTHER (State or country) Mangland HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | At place In the of death | | |
| Filed 3 0 my, 19V Gray. M. David 20 UNDERTAKER ADDRESS REGISTRAN, Showard T. Roice Firederick If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. | | 030 July 194 day J. M. Burdy | 19 PLACE OF BURIAL OR REMOVAL Moti. Olivet Cens. July 31, 1814 20 UNDERTAKER Thomas T. Roice Frederick. | | |

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. it should be used only when needed. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acei The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUILLY S. J. J. Johnson

MARGIN RESERVED FOR BINDING

| | | hould state |
|--------------|---|---|
| | RECORD | PHYSICIANS 81 |
| T. S. No. 1. | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | N. B.—Every item of information should be carefuily supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| m 2 | | m |
| - | | z |

| PLACE OF DEATH 6820 | STATE OF MARYLAND CERTIFICATE OF DEATH |
|--|---|
| 7. 0- | Registration Dist. No. |
| Village or City Mes Market (No. 32) | St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male white (Write the word) | 18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| (Month) (Day) (Year) | that I last saw h 1 allve on July 7 th 191 H |
| TAGE about 70 yrs mos. ds. OR min.? | and that death occurred on the date stated above, at 10,30 Pm, The CAUSE OF DEATH * was as follows: |
| (a) Trade, protession, or particular kind of work. | Carcuona J (Househ |
| (b) General nature of industry, business, or establishment in which employed (or employer) | (Ouration) Donk Kush ds. |
| 9 BIRTHPLACE (State or country) | Contributory (Secondary) (Ooration) yrs |
| 10 NAME OF FATHER Joseph Farquehar | (Signed) A. St. Hopking The M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER | *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- |
| 13 BIRTHPLACE OF MOTHER (State or country) | TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. |
| (Informant) | Where was disease contracted, If not at place of death? Former or usual residence |
| (Address) 16 Filed vely 9 a., 191 Leo, Mr. Taylor PEGISTRAR, | 19 PLACE OF BURIAL OR REMOVAL J'riends' Cornelery July 9-, 1914 20 UNDERTAKER ADDRESS New Market |
| If more blanks are needed, address State Registrar | r, 6 H. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scottchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report. ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for

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AUG 3



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH County Grederich



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

| FULL NAME John 26. | Secentle St.; 3 Ward) Grilly Gril |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Moale White Single, Married, Widower, Widower, Orbivorget (Write the word) 6 DATE OF BIRTH Jan. 20, 1914 (Month) (Day (Year) | 16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That i attended deceased from 1914 to 1914 to 1914 that i last saw has alive on 1914 |
| TAGE If LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at #,30 9 m, The CAUSE OF DEATH* was as follows: |
| (b) General nature of Industry, pusiness, or establishment in which employed (or employer) PBIRTHPLACE (State or country) NAME OF FATHER Stewarts. Hills | Contributory Contr |
| 11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Manyland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs mos ds Where was disease contracted, If not at place of death? former or |
| (Address) 22 N. Senerally 15 Filed 8 July 1914 And M. C. Constant Registrate | 19 PLACE OF BURIAL OR REMOVAL MOX Olivet Con. 20 UNDERTAKER Thomas J. Miel Grederick trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of agc. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichac-"Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeei-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of Never report



V. S. No. 1.

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County Trustruck 6822



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 141

Village or City Nounsupt (No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

*FULL NAME Ralph & Gray son

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|--|--|
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH (Mo/th) (Day (Year) 17 I hereby certify, That I attended deceased from |
| Month (Day Year) | that I last saw h alive on |
| 7 AGE 7 AGE 1 If LESS than 1 day,hrs. 0 min.? | and that death occurred on the date stated above, at Am, The CAUSE OF DEATH* was as follows: |
| B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) | pro physician in other decements of the cere frame decements of the contraction of the co |
| 9 BIRTHPLACE (State or country) 10 NAME OF FATHER — Pres) Rep O'Couche 11 PIRTHPLACE | (Signed) (Duration) yrs. mos. ds. (Signed) Vest West No. 1914 (Address) BreesenOf No. |
| OF FATHER (State or country) 12 Maiden Name OF Mother Curve Gray Son 13 BIRTHPLACE OF MOTHER (State or country) | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of deathyrsmosds |
| (Interment) (Address) (Address) (Address) (Address) | Where was disease contracted, if not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL PLACE OF BURIAL OR REMOVAL OR REMOVAL PLACE OF BURIAL OR REMOVAL OR |
| Filed July 26, 1914 Cerry Mary REGISTRAR | 20 MN DERYAKER Brussad 91 trar. 6 E. Franklin St., Balto, Requesting V. S. No. 1 |

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," additional line is provided for the latter statement; been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of



V. S. No. 1.

N.B.

PHYSICIANS should state Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A

1 PLACE OF DEATH 6823



STATE OF MARYLAND DEATH / CERTIFICATE OF

Registration Dist. No

| | S | ŧ | | W | 2 | rd | ١ |
|---|--------|---|---|-------|-----|----|---|
| • | \sim | | ۰ | | COM | | и |

[If death occurred in

| V | PUL | a | | 1. Jamen | Hackey, St.: Ward) | a hospital or institution, give its NAME instead of street and number.] |
|----------------------------|---|-----------------------------|---|---|---|---|
| | PERSO | ONAL AND STATISTI | GAL PARTICULA | RS | MEDICAL CERTIFICATE OF | DEATH |
| 3 51 | male | 4 COLOR OR RACE Black | MARRIED, WIDOWED, OROIVORCED (Write the wor | ingle | 16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I at | (Day) , 1914 (Day) (Year) |
| 6 D | ATE OF BIRT | (Month | 4 | (Year) | that I last saw h man alive on July 29 and that death occurred on the date stated at | 29th 1914. |
| (a) | CCUPATION Trade, profession | n, or hand | mos. 25 ds. | 1 day,hrs. ORmin.? | The CAUSE OF DEATH* was as follows: | • |
| (b) bus Whi | | of industry, itshment in no | ne | 201 404 107 107 107 107 107 107 107 107 107 107 | Aolea Infantin (Duration) | |
| State or country) Manykand | | | | | (Secondary) (Deration) | yrsds. |
| ITS | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER AA Nimmo | | | y | Jack 30th, 191 4 (Address) Mess 1 | |
| PARENT | | | | , , | *State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS.) | 2) whether Acciden- |
| | 13 BIRTHPL OF MOTI (State or o | HER ZM | | | At place in the of death yrs mos ds. State | yrs ds. |
| (Informant) Hackey | | | LEDGE | Where was disease contracted, If not at place of death? Former or usual residence. | | |
| 15 FII | (Address) | 31 ,191 L | o M. Ja | Md ylvr REGISTRAR | 20 UNDERTAKER HILL 3 | DORESS JULISTA |
| | | II more blanks are | needed, address | prate Registra | r, 6 E. Franklin St., Balto., Requesting V. S. No. | 1. |

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engincer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use, of "Croup"); Typhoid Jever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix er" is less definite; avoid use of "Tumor" for malig nant ncopiesms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For VIO-

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AUG 3



ERMANENT NX UNFADING PL

ACE OF DEATH 6824 STATE OF MARYLAND CERTIFICATE OF DEATH CSICIANS should Registered No lif death occurred in PHYSICIANS Ward) a hospital or institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 6 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR BACE MARRIED, WIDOWED, Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. Triat I attended deceased from 6 DATE OF BIRTH classified. (Year) (Day) (Month) if LESS than 7 AGE 1 day hrs. properly 8 OCCUPATION (a) Trade, profession, or narticular kind of work. (b) General nature of industry, supplied business, or establishment in may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) (Deratioo) 10 NAME OF FATHER 9 ō 11 BIRTHPLACE ARENT OF FATHER ahould *State the DISEASE CAUSING DEATH, or, in deaths from VioLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = In the OF MOTHER ot death yrs. mos. ds. State yrs. _ State or country EATH Where was disease contracted, it not at place of death? of Former or Item usual residence Important. Every It (Address) ADDRESS Filed AEGISTHAE m ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-



such, if impossible to determine definitely. cause. Always qualify ail diseases resuiting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Ohronio interstitial nephritte cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaegenitai," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; nant neoplasms); Measles; Whooping cough; Chronia ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1911 BUREAU V.S.

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| | • | NS should state |
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| | RECORI | PHYSICIA of OCCU |
| | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| Vo. 1. | | Every It CAUSE Importan |

1 PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

| County Frederick | CERTIFICATE OF DEATH Registration Dist. No. |
|---|--|
| Village or City Letersville (No | St.; Ward) [If death occurred in a hospital or Institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Fernale bolored State of BIRTH 4 COLOR OR RACE SINGLE, MARRIED, MARVILL WIDOWED, ORDIVORCED (Write the word) | (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| (Month) (Day (Year) | that I last saw h alive on |
| It LESS than 1 day, hrs. OR min.? **OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) | and that death occurred on the date stated above, at 5 m. The CAUSE OF DEATH * was as follows: Death from distinction of the date stated above, at 5 m. The CAUSE OF DEATH * was as follows: Death from distinction of the date stated above, at 5 m. The CAUSE OF DEATH * was as follows: Death from distinction of the date stated above, at 5 m. The CAUSE OF DEATH * was as follows: Death from distinction of the date stated above, at 5 m. The CAUSE OF DEATH * was as follows: Death from distinction of the date stated above, at 5 m. The CAUSE OF DEATH * was as follows: Death from distinction of the date stated above, at 5 m. The CAUSE OF DEATH * was as follows: Death from distinction of the date stated above, at 5 m. The CAUSE OF DEATH * was as follows: Death from distinction of the date stated above, at 5 m. The CAUSE OF DEATH * was as follows: Death from distinction of the date stated above, at 5 m. The CAUSE OF DEATH * was as follows: Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated above, at 5 m. Death from distinction of the date stated |
| State or country) Field lose | Contributory |
| 10 NAME OF FATHER John Burk 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER | (Signed) |
| 13 BIRTHPLACE OF MOTHER (State or country) Helde Got | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds |
| (Intermant) The Best of My Knowledge | Where was disease contracted, It not at place of death? Former or usual residence. |
| (Address) Lelesburlle Indi | DATE OF BURIAL OR REMOVAL DATE OF BURIAL Survey (1914) |

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

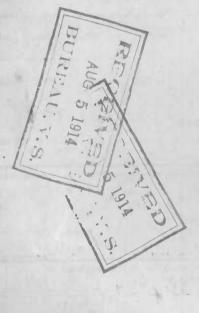
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement: cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up ou account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichae valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Mcasles "Seuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For VIO-



| | NS should state PATION IS very |
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| RECORD | PHYSICIAI |
| NK-THIS IS A PERMANENT | AGE should be stated EXACTLY. properly classified. Exact statemen |
| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD | -Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pigin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. |
| WRITE PL | CAUSE OF DEATH I |

County Trespick



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13

St.;----Ward)

[if death occurred in a hospital or Institution, give its NAME Instead of street and nomber.]

Anner of Wartsock

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|--|
| ** Temple 4 COLORDR RACE 5 SINGLE, MARRIED, Hidorel, WIDOWED, ORDIVORGES (Write the word) | 16 DATE OF DEATH July 28 ,1914- (Month) (Day (Year) |
| ODATE OF BIRTH MOV. 7 1835 (Mouth) (Day (Year) TAGE If LESS than | that I last saw h 2 alive on July 15 , 191 4 and that death occurred on the date stated above, at 2 A m. |
| 78 yrs 8 mos 21 ds 0R min.? | The CAUSE OF DEATH* was as follows: |
| (a) Trade, profession, or particular kind of work. (b) General nature of industry. | acute Nephritis |
| business, or establishment in which employed (or employer) | Contributory Cerebral hemorrhage |
| 10 NAME OF FATHER BOOL Sburrier | Secondary (Duration) 2 yrs mos ds. (Signed) Brooke S Jamison M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) Mory land | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT |
| of Mother Unknown | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY WHOM | At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, |
| (Interment) James Barrier | If not at piace of death? Former or Usual residence friendship Bethelle emelay |
| 16 Fled Chily 29,181 of Mits, Shuff | Free 3.0., 1914: |
| If more blanks are needed, address mate Regist | rar, 6 E. Franklin St., Bayle Requesting V. S. No. 1. |

N. B.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tyberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ample: Measics (discase eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can-The contributory Always qualify all diseases resulting from (secondary or intercurrent) State cause for Ex-



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PHYSICIANS should of OCCUPATION IS

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No. vi

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED, WIDDWED, De (Write the word) 8 DATE OF BIRTH 15 (Day) (Year) (Month) If LESS than 7 AGE 1 day, hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishmant in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ö back RENTS 11 BIRTHPLACE OF FATHER Lo 12 MAIDEN NAME of information s DEATH in plain See instructions V OF MOTHER OF MOTHER (State or country KNOWLEDGE 14 THE ABOVE IS (Intormant). Every Item CAUSE OF Important. (Address) 15 REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

| MEDICAL C | CERTIFICATE OF DEATH |
|--|--|
| 18 DATE OF DEATH | 7 23 , 1912 (Month) (Day) (Year) |
| T I HEREBY (| CERTIFY, That I attended deceased from |
| June 15 191 | 4 to June 25, 1914 |
| lat I last saw h alive | |
| nd that death occurred on | the date stated above, at & Q -m |
| he CAUSE OF DEATH * w | vas as follows: |
| malu | ulpition |
| | |
| *************************************** | |
| | *************************************** |
| *************************************** | (Duration) yrs. mos. 22.d |
| Contributory(Secondary) | |
| | (Duration) yrs. mos. d |
| | 100 (8) 2 0 -1 |
| (Signed) | The state of the s |
| July 23, 1915/ (AD | Idress) tid mill |
| *State the DISEASE CAU | SING DEATH, or, in deaths from VIOLENT OF INJURY; and (2) whether ACCIDEN- |
| TAL, SUICIDAL, OF HOMICI | IDAL. |
| TAL, SUICIDAL, OF HOMICI | IDAL. |
| 18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) | E (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS |
| TAL, SUICIDAL, OF HOMICI | E (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the |
| TAL, SUICIDAL, OF HOMICI 18 LENGTH OF RESIDENCE OF RECENT RESIDENTS) At place | E (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS |
| TAL, SUICIDAL, OF HOMICE 18 LENGTH OF RESIDENCE OF RECENT RESIDENCE of death | E (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the |
| TAL, SUICIDAL, OF HOMICI 16 LENGTH OF RESIDENCE OR RECENT RESIDENCE Of death | E (FOR HOSPITALS, INSTITUTIONS, TRANSIENT: |
| TAL, SUICIDAL, OF HOMICI 16 LENGTH OF RESIDENCE OR RECENT RESIDENCE Of death | E (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the ds. State yrs, |
| TAL, SUICIDAL, OF HOMICI 18 LENGTH OF RESIDENCE OR RECENT RESIDENCE Of death | E (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the ds. State yrs, |
| TAL, SUICIDAL, OF HOMICI 18 LENGTH OF RESIDENCE OF RECENT RESIDENCE OF RECENT RESIDENCE OF RECENT RESIDENCE OF BUSINESS 19 PLACE OF BURIAL OR 19 PLACE OF BURIAL OR | E (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the ds. State yrs, mos. d REMOVAL DATE OF BURIAL Ceru J. |
| TAL, SUICIDAL, OF HOMICI 18 LENGTH OF RESIDENCE OR RECENT RESIDENCE Of death | E (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the ds. State yrs, |

If more blanks are needed, address State Regis trar, 6

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has minc, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencls. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." "Traemla," "Weakness," ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never repor ampie: Meastes (disease causing death), 29 affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



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County trederick

PERMANENT UNFADING

'n

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...Ward)

If death occurred in a hospital or institution. give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above. 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Edito, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal applies to each and every person, irrespective of ago. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," niqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Colianse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. scpsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



| Daigain to | WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR | Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICI CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCG Important. See instructions on back of certificate. |
|-----------------------------|--|--|
| MANGIN RESERVED TON BINDING | UNFADING INK-TI | carefully supplied. AGE that it may be properly certificate. |
| | WRITE PLAINLY, WITH | Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate. |
| No. 1. | | Every It CAUSE Importar |

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.: Ward) a hospital or lostitution. give Its NAME Instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVERCED (Write the word) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH ..., 191 / , to (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ______ 1 day O hrs. The CAUSE OF DEATH * was as follows: OR. 2 min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) O yrs. O mos. O ds. which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER ARENTS OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE Af place OF MOTHER (State or country) in the of death _____ yrs. ____ mos. ____ ds. Stafe yrs, ____ mos, Where was disease confracted. If not af place of death?.... Former or usual residence..... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for malig-"Coutributory." sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. themia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death). 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the genital," "Senilc," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1914

BINDING

PERMANENT classified. D may 80 of back plain Instructions 2 EATH DEA See OF

Origin STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH Hrederin pinous OCCUPATION IS Registration Dist. No.... It death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WICOWED, (Month) (Day OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at /2,30 1 dayhrs. The CAUSE OF DEATH* was as lollows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... (Duration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, ____ mos. ... Where was disease contracted. If not at place of death? Former or Every Item CAUSE OF Important. usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulit should be used only when needed. essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary froman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the odly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of (secondary or intercurrent) State cause for Never report For VIO-



V. S. No. 1.

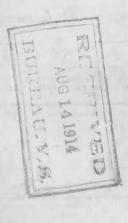
| PLACE OF DEATH | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| County Trederick | Registration Dist, No. 186 |
| VIIIage or City Hopeland (No. 2FULL NAME Walter M.) | St.; Ward) [It death occurred I a hospital or institution give its MAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) | (Month) (Day) (Year) |
| 6 DATE OF BIRTH (Mouth) (Day) (Year) | that I last saw hand alive on 1914 |
| 7 AGE 11 LESS than t day,hrs. ORnin.? | and that death occurred on the date stated above, at |
| (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) | Gontributory (Secondary) |
| 9 BIRTHPLACE (State or country) mr. Valor, md. | (Secondary) (Quration) yrs. mos. de |
| (State or country) on. Valor, md. 10 NAME OF FATHER Les L. Johnson 11 BIRTHPLACE OF FATHER | (Signed) S. S. M. I |
| (State or country) on. Valor, md. 10 NAME OF FATHER Les L. Johnson 11 BIRTHPLACE OF FATHER (State or country) Jefferson, md | (Signed) (Signe |
| (State or country) ON NAME OF FATHER Ses L. Johnson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) No. Johnson M. Johnson M. Johnson M. | (Signed) |

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of iii-"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; mine, etc. statement. (a) Spinner, the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engincer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) (a) the kind of work and also (b) For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purrenal septichae mus," "Old Age," "Sbock." 'Traemia," "Weakness," -Hart failure," "Haemorrbage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can death), 29 ds. State cause for Examples :

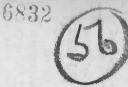


PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT AGE should be stated EXACTLY. Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p important. See instructions on back of certificate.

V. S. No. 1.

N. B.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. /

Firederick (No. 25; N. Fifth St.; 3 Ward)

NAME Thilip Colvin Hochler

[It death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

| PERSONAL AND STATISTICAL PARTICULARS BEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 Day (Month) (Day (Write the word) | |
|--|---------|
| MARRIED, 19 | az |
| (Write the word) | irom |
| 8 DATE OF BIRTH | |
| Nov 4 1861 July 3, 1914, to July 13, 19 | Lings., |
| (Month) (Day (Year) that I last saw h W allve on July 1 3 19 | 1.9 |
| 7 AGE if LESS than and that death occurred on the date stated above, at 145 | Pm. |
| 1 day,hrs. The CAUSE OF DEATH+ was as follows: | |
| yrs mos os or min? Land of Denker | us |
| * (a) Trade, profession, or | 1 |
| particular kind of work Lay Laborer | |
| (b) General nature of industry, Bottling Workes business, or establishment in (Duration) yrs. 4 mos. | |
| which employed (or employer) A Saloses (out a floor) with the saloses (out a floor) | ds. |
| 9 BIRTHPLACE (State or country) Secondary | |
| Mangland (Auration) we man | ds |
| 10 NAME OF FATHER (SIRRED) Mill & Millamas | |
| Frederich Ochler | M. U. |
| 11 BIRTHPLACE OF FATHER (State or country) (State the Disease Causing Death, or, in deaths from Vio Causes, state (1) Means of Injury; and (2) whether Accident and Causes (1) Means of Injury; and (2) whether Accident and Causes (1) Means of Injury; and (2) whether Accident and Causes (1) Means of Injury; and (2) Whether Accident and Causes (1) Means of Injury; and (2) Whether Accident and Causes (1) Means of Injury; and (2) Whether Accident and Causes (1) Means of Injury; and (2) Whether Accident and Causes (1) Means of Injury; and (2) Whether Accident and Causes (1) Means of Injury; and (2) Whether Accident and Causes (1) Means of Injury; and (2) Whether Accident and Causes (1) Means of Injury; and (2) Whether Accident and Causes (1) Means of | 10 |
| (State or country) (State or cou | LENT |
| | |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) | ENTS, |
| OF MOTHER 4// P AT PIACE IN THE | |
| (State or country) Mo amfleted of death yrs, mos. ds. State yrs, mos. 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE Where was disease contracted, | 88 |
| it not at place of death? | |
| (Informant) Most folias 6. Fleesaurg usual residence usual residence | |
| (Address) 25 6, Fifth St 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL | _ |
| 16 1 1 Moti Olivet Cens Lesly 15: | 14 |
| and I ame | 7 |
| FIRE S JULY 1914 Chu MU WALLES TO SPORTES | 1 |
| If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. | 54 |

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. M. Comas

AUG 5 1914
BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION TO VERY Important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

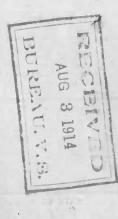
| | PLACE OF DEATH | STATE OF MARYLAND |
|---|--|---|
| Co | unty Frederick | CERTIFICATE OF DEATH Registration Dist. No |
| VIII | age or City Garfield (No. No. 2) | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 51 | | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE OF BIRTH June 2 , 1914 (Month) (Day (Year) | | July 5, 1914, to July 10, 1914, that I last saw her alive on July 10, 1914 |
| TA | ge If LESS than 1 day,hrs. OR min.? | and that death occurred on the date stated above, at 3.90 p.m., The CAUSE OF DEATH* was as follows: |
| (a) pa (b) bus | Trade, profession, or riticular kind of work | (Duration) yrs. / mos. ds. |
| 9 B | (State or country) | Secondary (Duration)yrsmosds. |
| TS | 10 NAME OF FATHER Benj, S, Lewis 11 BIRTHPLACE OF FATHER 12 Line 10 March 12 Line 12 | (Signed) Affinite, M. D. July 17, 1914 (Address) Tresfeville |
| ARENTS | (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER | *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or Homicidal. |
| | 13 BIRTHPLACE OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs ds. State yrs ds Where was disease contracted. |
| 14 . | (Informant) Bery', S. Lewis (Address) Smithsburg, Ma | If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL |
| 16 FI | led all 15, 181/ Colonyar Defr. REGISTRAR | mt. Bethel Church July 18, 1914 20 UNDERTAKER Bros Smithsburg |
| | If more blanks are needed, address State Regis | strar, 6 E. Franklin St., Barts., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

* statement. Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement: eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mus," ecr" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; may be stated under the head of (secondary or intercurrent) State cause for Never report For vio-



PERMANENT UNFADING

State should OCCUPATION PHYSICIANS classified. properly supplied. pe that terms, pinous plain information 2 DEATH 50 Item OF Every It 8

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [it death occurred in a hospital or institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, (Write the word) (Month) (Day (Year) I HEREBY CERTIFY That I aftended deceased from TE OF BIRTH (Day (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above, 1 dayhrs. OF DEATH* was as follows: OR. min. ? BOCCUPATION (a) Trade, protession, or business, or establishment which employed (or employer) certificate. Contributory Secondary (State or country 10 NAME OF FATHER jo back ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER See Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) 14 THE ABOVE IS TRUE Where was disease contracted. mportant. 16 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. materiai worked ou may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection ueed not be stated unless important. valvular heart discase; Chronic interstitial nephritis. aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probability IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Sentle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-Ex-



V. S. No. 1.

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PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT EXACTLY. stated may be properly classified. should be WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it m. See instructions on back of certificate. should be of information OF Every item CAUSE OF Important. 1 PLACE OF DEATH

6865



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 141

..Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

| PERSONAL AND STATISTICAL PARTICULARS | | MEDICAL CERTIFICATE OF DEATH |
|--------------------------------------|---|--|
| 3 SE | AL COLOR OR RAGE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH July 22 , 1914 (Month) (Day (Year) |
| 6 DA | TE OF BIRTH (Month) (Day (Year) | that I last saw here alive on the 22 191 |
| 7 AG | | and that death occurred on the date stated above, at S. m., The CAUSE OF DEATH* was as follows: |
| (a) 1 part (b) | CUPATION Trade, profession, or Icular kind of work | |
| PARENTS | 10 NAME OF FATHER A.M. M. | (Signed) (Duration) yrs mos. ds. (Signe |
| | (Address) Brunsen of My Knowledge (Address) Brunsen of My (Address) Past REGISTRAR | Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER C. H. Fulls + Br. Brunewet MA |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," Bronchopncumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of For VIO-



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very—important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH

Tredougle

Village or City Rmy ville



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead

6835

| FULL NAME Darch Mai | of street and nomber.] |
|---|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDINARCE (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) |
| Oct 1847 (Month) (Day (Year) 7 AGE If LESS than | that I last saw has alive on help 2 , 1914. |
| about 66 yrs 9 mos ds 02 min.? | and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows: |
| a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) | Carcinoma of Stomach (Ouration) yrs mos ds. |
| 9 BIRTHPLACE (State or country) | Gontributory Secondary (Buration) yrs mos ds. |
| 11 BIRTHPLACE OF FATWER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER | (Signed) Gev W Yourlee , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) | 18 LENGTH OF RESIDENCE (FOR MOSPITALE, INSTITUTIONE, TRANSIENTE, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds |
| (Informant) Mrs Robt webber | Where was disease contracted, It not at place of death? Former or usual residence |
| Filed 18 1814 Xerin Nest PREGISTRAR | Kniville Md July 28, 1914. 20 UNDERTAKER ADDRESS ADDRESS AND ADDRESS |
| If more blanks are needed, address State Regis | strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



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No.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OGCUPATION is very RECORD PERMANENT carefully supplied. See instructions on back of of information should t CAUSE OF important.

1 PLACE OF DEATH County.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| / | | |
|---|------|--|
| | | |

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|------------|--|---|
| SE | x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH 7 22, 1914 (Month) (Day) (Year) |
| 8 D# | (Month) (Day) (Year) | 17 I HEREBY CERTIFY, That I attended deceased from JEWY 1914, to July 22, 1914 that I last saw has alive on July 22, 1914 |
| AG | 6 F yrs. 4 mos. 9 ds. 0Rmin.? | and that death occurred on the date stated above, at 11-40 q.m. The CAUSE OF DEATH* was as follows: Ource one g from |
| (a) par | Trade, profession, or Avuseur (cicular kind of work | |
| busi | less, or establishment in the major of the m | (Ouration) yrs. mos. de |
| Bi (St | RTHPLACE ate or country) | (Secondary) |
| | 10 NAME OF William Wesh. | (Signed) (Duration) yrs mos ds (Signed) (Signed), M. D |
| ENTS | 11 BIRTHPLACE OF FATHER (State or country) | *State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT |
| PAR | OF MOTHER Cuthaning Diter | 18 LENGTH OF RESIDENCE (FOR HORPITALS INSTITUTIONS TO AND THE |
| | 13 BIRTHPLACE OF MOTHER (State or country) | At place In the of death yrs mos ds. State yrs mos ds. |
| ij | Intermant, Mrs Rose Gull sor (| Where was disease contracted, if not at piace of death? Former or usual residence |
| 15 | (Address) Freder de Med | 19 PLACE OF BURIAL OR REMOVAL 111 Chrs. Century & 2, 1914 20 UNDERTAKER 1 |

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. Acation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or Indust J; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tctanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrement scotichaemus," "Old Age," "Shock." "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



S. No. 1.

N. B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

6837



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

.Ward) St.;

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|--|--|
| Ferrale White Single, Married Whote White the word) | 16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY GERTIFY, That Lattended deceased from |
| S DATE OF BIRTH (Month) (Day (Year) | that I last saw h. 21 alive on July 29, 1914. |
| 7 AGE 11 LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at 8.484.m. The CAUSE OF DEATH* was as follows: |
| (a) Trade, profession, or particular kind of work (b) General nature of Industry, | Fulmonay & Jaryrged |
| business, or establishment in which employed (or employer) | (Ouration)mosds. |
| 9 BIRTHPLACE (State or country) Mary Land. | Contributory |
| 10 NAME OF Edward Poehrer | (Signed) W. Howard Je ages. M. D. Sily 30, 191 4 (Address State Amatonus, Md. |
| OF FATHER (State or country) Hermany. 12 MAIDEN NAME OF MOTHER DOWN Ploylet | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, |
| 13 BIRTHPLACE OF MOTHER (State or country) Germany. | At place of death yrs, mos ds free mos ds |
| (Informant) I stale Danalowin, Md. | Where was disease contracted, trobably us some former or usual residence 1502 W. Franklin W., Balto, |
| Filed Aug 15, 1911 C. A Stewn (REGISTRAR | 20 UNDERTAKER M. S. Clager Thurners, M. |
| If more blanks are needed, address State Regist | trar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, hrrespective of ago tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lohar pheumonia; Bronchopheumonia ("Pneumoula," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origiu; "Canvalvular heart disease; Chronic interstitial nephritis, mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." lujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy;" "Exhaustion," "PUERPERAL septichac-The nature of the Never report



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

Ses instructions on back of certificate.

of information should be

CAUSE OF Important, S

N. B.

V. S. No. 1.

| 1 | PLACE | OF | DEA |
|---|-------|----|-----|
| | The | | |

6838

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in

| VII | FULL NAME Mary Jan | a hospital or institution, give its NAME instead of street and number.] |
|----------|---|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CENTIFICATE OF DEATH |
| 35 | EX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) 17 I hereby certify. That I attended deceased from |
| 8 D | ATE OF BIRTH Month (Day (Year) | 1914, to 7/26, 1914, that I last saw h & Salive on 7/25, 1914 |
| 7 A | | and that death occurred on the date stated above, at S. 15 Am. The CAUSE OF DEATH* was as follows: |
| (a | CCUPATION) Trade, profession, or House Wife rticular kind of work | Vy pastati e resusuonis |
| bus | General nature of industry, iness, or establishment in ich employed (or employer) | (Duration) yrs. mos. ds. |
| PARENTS | 10 NAME OF FATHER Deshua Theffis 11 BIRTHPLACE OF FATHER (State or country) Haryland | Contributory Condition Secondary (Signed) (Buration) yrs mos ds. (Signed) (Address) (Address) M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT |
| | 13 BIRTHPLACE OF MOTHER (State or country) Maryland | CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrsmosds Where was disease contracted, |
| | (informant) C. Murfaley | If not at place of death? Former or usual residence. |
| 16 Fi | (Address) Tease Mode | Mot Coarsel Cere July 25,191/2. 20 UNDERTAKER ADDRESS |
| - | REGISTRAR | Thomas To Buce Frederick |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr. Koodman

AUG 6 1914
BUREAUTATA

V. S. No. 1.

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PHYSICIANS should state of OCCUPATION is very PERMANENT EXACTLY. properly classified. AGE UNFADING INK supplied. certificate. carefully that ō PLAINLY, WITH pe DEATH in plain terms, See instructions on back should Information WRITE CAUSE OF Important, County Trederick 6839

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 157

| 2FULL NAME MAY WOUTH | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] | | |
|--|---|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | | |
| Tourse White Single, Married, Wisowes, Wisowes, Words (Write the word) | (Month) (Day (Year) | | |
| Dec. 28, 1869 (Month) (Day (Year) | May 13 1014 Duly 2 1014 | | |
| 7 AGE 1 LESS than 1 day,hrs. 0 mos ds. | and that death occurred on the date stated above, at 1, 304 m. The CAUSE OF DEATH* was as follows: | | |
| 8 OCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) | Pulmonay Tuberulosa (Duration) yrs mos us | | |
| 9 BIRTHPLACE (State or country) | Secondary Secondary | | |

10 NAME OF FATHER OTH Ruch.

11 BIRTHPLACE OF FATHER (State or country) Doblina.

12 MAIDEN NAME OF MOTHER Lucknown.

13 BIRTHPLACE
OF MOTHER
(State or country)
HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Address) Alate Danalorum, M,

Filed Sug/ 1914. Co. A Slew REGISTRAR

18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA)

At place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

(Durafion)

At place of death yrs. I mos 20 ds State Configuration of the state Configu

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

| PEACE OF BURIAL OR REMOVAL | • | DATE OF BURIA | L |
|----------------------------|---|---------------|----|
| Ballmore, rud | | ~ | 19 |

20 UNDERTAKER M. S. CLEOGEN

Humant, M

If more blanks are needed, address State Registrar, 6 H. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each aud every person, irrespective of age. tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS produbbly which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably snieide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci LENT NEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations ou statement of "Exhanstion," Never report



UNFADING INK-THIS

WRITE

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No. 202

PHYSICIANS should state of OCCUPATION is very Exact statement EXACTLY. stated properly classified. pe should AGE carefully supplied. may be of certificate. so that pe DEATH in plain terms, See instructions on back should of information CAUSE OF Important.

PLAINLY, WITH

PERMANENT

PLACE OF DEATH

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

(b) General nature of Industry, business, or establishment in which employed (or employer)

7 AGE

PARENT

15



(Year)

If LESS than

f day,....hrs

OR 7

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward) St.:

MEDICAL CENTIFICATE OF DEATH

Ilf death occorred in a hospital or Institution, give its NAME instead of street and nomber.]

5 SINGLE.

MARRIED. WIDOWED,

ORDIVORCED (Write the word)

(Day

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RAGE

| 16 DATE OF DEATH July 1915 | 1 | | |
|---|------|--|--|
| (Month) (Day (Year) | | | |
| San the child orige at any office | | | |
| July 1914, to July 10 1912 | | | |
| and that death occurred on the date stated above, at S. | | | |
| The CAUSE OF DEATH* was as follows: | m, | | |
| Maraonus | **** | | |
| | | | |
| Do mod turn | | | |
| (Duration)yrsmos | 08. | | |
| Secondary Secondary | _ | | |
| (Duration)yrsmos | | | |
| (Signed) Corp Command N. M. | D. | | |
| July 19 , 1914. (Address) Brunawick und | | | |
| *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. | | | |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT REGIDENTS) | та, | | |
| At place in the of death yrs mos ds. State yrs mos. | ds | | |
| Where was disease confracted, If not at place of death? | | | |
| Former or usual residence. | | | |
| 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DELETABLES MA LULL 20:1919 | 4 | | |
| 20 UN DERTAKER APDRESS | 1 | | |
| Complete St. Pale Parenter Varundur | ek, | | |

OF FATHER Methy (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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AUG 5 1914

UNFADING INK-THIS

PLAINLY, WITH

WRITE

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See Instructions on back of certificate.

Important.

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-Every item of information should be CAUSE OF DEATH in piain terms, s

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PERMANENT

1 PLACE OF DEATH

Frederices



STATE OF MARYLAND CERTIFICATE OF DEATH

| | | Registration Dist. No. |
|---------------------------|--|--|
| Viii | age or City Frederice (No | St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SE | 4 COLOR OR RACE SINGLE, MARRIED, WIOWED, ORDIVORCED (Write the word) | 18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from |
| 6 DA | (Month) (Day (Year) | that I last saw h alive on Bo A 191 |
| TAC | | and that death occurred on the date stated above, at Z. 3.0. In The CAUSE OF DEATH* was as follows: |
| (a) par (b) busi | GEUPATION Trade, profession, or ticular kind of work General nature of industry, ness, or establishment in ch employed (or employer) | (Duration) yrs mos ds |
| | RTHPLACE (State or country) Med | Contributory Secondary (Duration) yrs mos ds |
| ARENTS | 10 NAME OF FATHER Has, W Pickett 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME A | (Signed) , M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal. |
| Д 14 т | OF MOTHER Marsy C. Linton 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At piace In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? |
| | (Address) Tre Levices | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |

REGISTRAN

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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RECEIVED
AUG 5 1914
BUREAU, V.S.

RECORD

| HYSICIANS should state occupation is very | PLACE OF DEATH County Horederick Willage or City Monteval No Posful 2FULL NAME Robert Porgon | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No |
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| at P | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| EXACTLY. | Male White the word) | 18 DATE OF DEATH (Month) (Day (Year) 17 L HEREBY CERTIFY, That I attended deceased from |
| be stated | S DATE OF BIRTH August , 1835 (Month) (Day (Year) | that I last ssw h and allve on frelight 2 6, 1914. |
| should iy classif | 7 AGE If LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, st |
| d. AGE | (a) Trade, profession, or particular kind of work. (b) General nature of industry, | |
| may b | business, or establishment in which employed (or employer) | Contributory Servelity mos. 27 ds. |
| arefully su that it m certificate. | State Maryland Maryland | Secondary (Quration) yrs 3 mos 2 7 ds. |
| so the cer | 10 NAME OF Benjamin Porjor | (Signed) Solding M. D. |
| terms, | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER | State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| ation s pfain ptions | of Mother Catherine Lewis 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSJENTS, |
| of information DEATH in piali See instructions | OF MOTHER (State or country) Manyland | At place of death 2 yrs. 10 mos. 14 ds. State yrs. mos ds Where was disease contracted, |
| c lt. | (Informant) Clin Whice Suff | If not at place of death? Former or Sanfield, Md. |
| Every Iter CAUSE O Important. | (Address) torederick, Mol. | De Friel mg ful 99 1914 |
| B.—E. | Filed 7/18, 1914 & M Goodsween REGISTRAR | 20 INDERTAKER ADDRESS |
| Z | | "11.0. and of burney |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Dequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

| 6843 | 10 |
|--|---|
| PLACE OF DEATH | STATE OF MARYLAND |
| Inderich (| CERTIFICATE OF DEATH |
| County Julian Control of the Control | Registration Dist. No. 132 |
| Village or City Maddletown (No. | St.; Ward) [It death occurred in a hospital or Institution, |
| FULL NAME albert Ison | Remaker of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, NARRIED, Sugle | 16 DATE OF DEATH (Month) (Day) (Year) |
| Males white (Write the word) | 17 I HEREBY CERTIFY. That I attended deceased from |
| 6 DATE OF BIRTH | , 191, to |
| (Month) (Day) (Year) | that I last saw hallve on, 191 |
| 7 AGE If LESS than t day,hrs. | and that death occurred on the date stated above, at |
| 9 yrs. 7 mos. 2 ds. OR min.? | The CAUSE OF DEATH* was an follows: |
| BOCCUPATION | rupured scoon Vessel |
| (a) Trade, profession, or particular kind of work | [Was dead when Jamived) |
| (b) General nature of industry, | 10 minutes |
| business, or establishment in which employed (or employer) | (Duration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) Mary Land | (Secondary) tought to have beau de |
| 10 NAME OF PATHER PLANTS OF PATHER | (Signed) D. H. H. H. Bury W. M. D. |
| 11 BIRTHPLACE | July 10, 191 (Address) Middle low mu |
| OF FATHER (State or country) Maryland. | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| of MOTHER COLORS Hopwood. | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPASS |
| 13 BIRTHPLACE OF MOTHER (State or country) Many Rough | OR RECENT RESIDENTS) At place in the of death yrs mos ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, |
| (Informant) Les C. Reinsberg. | if not at place of death? Former or usual residence |
| (Address) Modeletown and | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 AUDIESS) | Mindletown July 11 1914 |
| Filed July 11 1814 A. M. Lawar | 20 UNDERTAKER |
| REGISTRAR | John N. Keller Middletowy |
| If more blanks are needed, address State Regis trar, 6 I | E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puraperal scottchaeetc., when a definite disease can be ascertained as the ampie: Measles (disease causing oma. Sarcoma. etc., of _______ (name origin; "Can-er" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vio "Heart failure," "Haemorrhage," "Inanition," "Haras "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ment neoplacins); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds. State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AUG 5 1914

BUICEAU, V.S.

Exact statement of OCCUPATION is very PERMANENT RECORD stated EXACTLY. 4 properly classified. ACE should be PLAINLY, WITH UNFADING INK-THIS IS carefully supplied.
to that it may be p See instructions on back of

of information

CAUSE OF Important.

m ż

WRITE

V. S. No. 1.

PHYSICIANS should state

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

| St.;Ward) | a h |
|-----------|------|
| | a n |
| 10 | give |
| 1// | 01 0 |

if death occurred in ospital or Institution, its NAME Instead ot street and number.]

160

| 2FULL NAME | MEDICAL CERTIFICATE OF DEATH |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED Mondel WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) |
| 6 DATE OF BIRTH 5 29 , 1840 (Month) (Day (Year) | that I last ssw have alive on fally 1914. |
| 7 AGE It LESS than 1 day,hrs. ORmin. ? | and that desth occurred on the date stated above, st 10.30 A.m. The CAUSE OF DEATH* was as follows: |
| (a) Trade, protession, or particular kind of work (b) General nature of industry. | m the follows by a |
| business, or establishment in which employed (or employer) | Contributory (Duration) yrs mos, 2 ds. |
| 10 NAME OF Seven Rich | Secondary (Doration) yrs mos ds. (Signed) & arliton Batis A, T.D. |
| 11 BIRTHPLACE OF FATHER W 12 Malden NAME OF MOTHER OF MOTHER | *State the DISEASE CAUSING DEATH, Fr. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. Where was disease contracted, |
| (Interment) Lical Rice (Address) Jeffesson, Add, | If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| FHED July 9, 1914 H. R. Etchisan | 20 UNDERTAKER ADDRESS ADDRESS OFFERM |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health ... Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to tilme and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerpeear septichae mns," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvaluntar heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Canscpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and cousequences (e.g., ACCIDENTAL, SUICIDAL, Or HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerrenal peritonitis," etc. State cause for ctc., when a defluite disease can be ascertained as the "Heart failure," "Haemorrhage," "lnauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopucumonia (secondary), 10 ds. affection need not be stated unless important. thre of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homivide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustiou," Never report

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RECEIVED
AUG 5 1914
BUREAU, V.S.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

V. S. No. 1.

N.B.

1 PLACE OF DEATH

County Frederick



6845

STATE OF MARYLAND CERTIFICATE OF DEATH

| | | Registration Dist. | No. |
|---------------------------|------------------|--------------------|--------------------|
| Illago of City Firederich | (No 228 6. Fifth | St. H. Ward) | [If death occurred |

| C | 6. Fifth St.; H Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.] |
|---|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Fernale White (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) |
| TAGE DATE OF BIRTH (Month) (Day (Year) (Year) | that I last saw her alive on the date stated above, at 6.42. Pm. |
| 9 OCCUPATION (a) Trade, profession, or | The CAUSE OF DEATH* was as follows: |
| (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (Craft or country) | Contributory Lement Calling Secondary |
| 10 NAME OF FATHER Merhl M. Toidgely 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER | (Signed) (Suration) yrs mos ds. (Signed) (Signed) (Address) (Address) (M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) Mo anyland | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place In the of death yrs mos ds |
| 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Merkel Mb, Redgely | Where was disease contracted, If not at place of death? Former or usual residence. |
| (Address) 228. E. Fiefth St. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mot. Olivest Cem. July 13, 1944 20 UNDERTAKER ADDRESS Thomas T. Bice Frederick |
| If more blanks are needed, address State Regist | trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

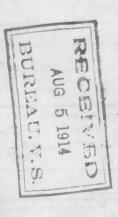
material worked on may form part of the second statement. Never return "Laborer," "Foreman," Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Dr M. Comas





S. No. 1.

N. B.-1

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

6846

PLACE OF DEATH
County Frederick



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|----------|--|--|
| 3 s | ex COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR OLOVORCED (Write the word) | 16 DATE OF DEATH 29 , 1914 (Year) |
| 8 D | Teb 73, 1882 | that I last saw h. W. alive on July 25, 1917. |
| 7 A | GE If LESS than 1 day, | and that death occurred on the date stated above, at 3:054, m. The CAUSE OF DEATH* was as lollows: |
| (a pa | OCCUPATION) Trade, profession, or ricular kind of work. | Pulmonary Tuberarlosis |
| bus | General nature of Industry, siness, or establishment in leth employed (or employer) | (Duration) Zyrs mos. ds. |
| 9 B | (State or country) Maryland. | Contributory Secondary (Duration) yrs mos ds. |
| S | 10 NAME OF PLIVE Draper. | (Signed) W. Howard yeager. N. O. |
| ENT | 11 BIRTHPLACE OF FATHER (State or country) Delaware, | *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- |
| PAR | 12 MAIDEN NAME of MOTHER Frances Sughes, | TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| 14 , | 13 SIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | At place of death yrs. 5 mos. 29 ds. State rs. mos. ds Where was disease contracted, 5 ds. |
| | (Informant) J. | Former or usoal residence 2 15 Ocott St., Balto, Md., |
| 16 | (Address) State Januaronini, Mid. | Ballinge Date of Burial |
| FR | REGISTRAR | M. S. Creager. Thurment, Md. |
| | If more blanks are needed, address State Regist | trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

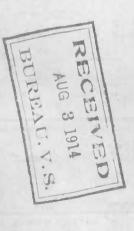
[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers nine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary froman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection ueed not be stated unless important. injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertaized as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions." "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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PHYSICIANS

1 PLACE OF DEATH

County Treelevels

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

If death occurred in a hospifal or institution, give Its NAME Instead

ADDRESS

of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIEO barried widowed, ordivorced (Write the word) DATE OF BIRTH (Day (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at ... 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work.... (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF (Signed) PARENTS 11 BIRTHPLACE , 191 4 (Address) I Tall un OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER In the of death _____ yrs. ____ mos. ___ (State or country _ ds. State _____ yrs ____ mos. __ Where was disease contracted. If not af place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitie," etc. State cause for cause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of

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DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

parficular kind of work. (b) General nature of industry,

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

business, or establishment in

which employed (or employer)

7 AGE

PARENTS

15

14 THE ABOV

4 COLOR OR RACE MARRIED, WIDOWED,

(Month)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

Ilf death occurred in a hospital or Institution, give its NAME instead of street and number.]

| 2 FULL NAME Janey Inv | la scoll |
|--------------------------------------|----------------|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIF |

(Year)

If LESS tha

1 day,hr OR min. 1

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

(Write the word)

(Day

| MEDICAL CI | ERTIFICATE | OF DEATH |
|---|---------------|---|
| 16 DATE OF DEATH | (Month) | 26 , 1914 (Day (Year) |
| 17 I HEREBY C | | at I attended deceased from |
| Culy 24 191/ that I last saw h alive | 1. to J. | 13 28 , 191) |
| and that death occurred on | the date stat | ted above, at 10 an |
| The CAUSE OF DEATH * WI | | |
| Contributory | (Duration) | yrsmosd |
| Secondary | | * * * * * * * * * * * * * * * * * * * |
| | (Durafion) | yrsmosd |
| (Signed) X , 2 July 26 , 1914 (Add | 0 | Kenn, H. |
| *State the DISEASE CAU | SING DEATH, | or, in deaths from Violen and (2) whether Accides |
| 18 LENGTH OF RESIDENCE OR RECENT RESIDENTS) At place of death | In th | e |
| usual residence | | |
| ALT VILL | EMOVAL | July 27, 191 |
| 20 UNDERTAKER CO A | 0 | ADDRESS |

[Approved by U. S. Consus and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, ness. If retired from business, that fact may be indigainfully employed, as At school or At home. applies to each and every person, irrespective of ago. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, perilonaeum, etc., Carcin-

mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaetheuia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Canture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection used not be stated unless important. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

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AUG 5 1914 DUREAUT. V.S.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. The DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT BINDING 4 UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH CAUSE OF

Important.

N.B.

V. S. No.

| County Fredrick. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 143 |
|---|---|
| Village or City Affirson (No) | St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| MANU White the word) | (Month) (Day (Year) |
| 6 DATE OF BIRTH | that I last saw h 122 slive on July 29, 1914 |
| TAGE It LESS than day, | and that desth occurred on the date stated above, at 10 P. m The CAUSE OF DEATH* was as follows: |
| (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) | (Ouration) yrs. mos. 19 ds |
| BIRTHPLACE (State or country) Mary land | Secondary Secondary Henrichage Secondary (Duration) yrs mos as |
| 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER | (Signed) Carles Batte . , M. D *Shate the Disease Causing Death, or, id deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos, ds, State yrs, mos, ds Where was disease contracted, |
| (Informant) ofm Josh Laft. (Address) Supposes 2nd. | It not at place of death? Former or usual residence. 19 PTACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| Filed July 30, 191 4 Hork, Elchiston | 20 UNDERTAKER APDRESS |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursults can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meulogitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite): Tubercu-lesis of 'lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failurc," "Haemorrhage," "Inauition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-

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V. S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



-Ward)

[If death occurred in a hospital or lostitution, give its NAME instead

| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|-----------------------------|--|---|
| 3 51 | hale Thite Single, Married Widowed. Warried (Write the word) | DATE OF DEATH July (Month) (Day (Year) |
| 6 D | Sept- 1/1 1839 | 17 I HEREBY CERTIFY, That I attended decessed from 9 kly 4 , 1914, to 971 kg 91 , 1914. |
| TAG | GE (Year) 1 dayhrs. | and that death occurred on the date stated above, at 4 Pmm, The CAUSE OF DEATH* was as follows: |
| | CCUPATION Trade, protessian, or /3/ap.// | HAD ON CONT |
| (b) bus | General nature of Industry, iness, or establishment in ch employed (or employer) | (Duration) yrs mos ds. |
| | RTHPLAGE (State or country) | Contributory 7/11 Same |
| 10 NAME OF Damiel Shoomaker | | (Signed) John B. Browner M. D. |
| ARENTS | 11 BIRTHPLACE OF FATHER (State or country) | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. |
| PAF | of Mother The Seth Anver | 18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPORTE |
| | 13 BIRTHPLACE OF MOTHER (State or country) (Mu- | At place lo the of death yrs mos ds. State yrs mos ds |
| | (Interment) AM SINE MOMENT. | Where was disease contracted, If not at place of death? Former or usual residence |
| | (Address) Com mi toury III | 19 BLACE OF BURIAL OF REMOVAL DATE OF BURIAL |
| 15 | on July 10.191 4 Mits Shriff | 20 UNDERTAKER OF MADDRESS ADDRESS |
| 4 | If more blanks are needed, address State Regis | 111-1 Swiff Camillotters |

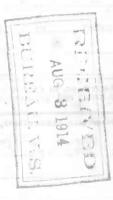
[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a), Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) "Foreman,"

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cause of death approved by Committee on Nomenela. injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronie interstitial nephritis, pant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For VIO-

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See instructions on back of certificate.

CAUSE OF Important. S

N. B.

V. S. No. 1.

1 PLACE OF DEATH County Rederects

6851

STATE OF MARYLAND CERTIFICATE OF DEATH

| | Near . Hest. | , Registration Dist. No. |
|------------------------|---|--|
| ΔII | Tage or City Frederich (No. | St.; Ward) [it death occurred in a hospital or institution, give its NAME instead |
| | FULL NAME Moarshall | D. Staley of street and nomber.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 s | ex 4 COLOR OR RACE Single, Single MARRIED, WIDOWED, ORDIVORGED (Write the word) | 18 DATE OF DEATH July , 1914 (Year) |
| 8 D | ATE OF BIRTH Month (Day (Year) | that I last saw h fly alive on 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| TA | (101) | and that death occurred on the date stated above, at 1-30 Pm. The CAUSE OF DEATH* was as follows: |
| (a pa (b) bus | CCUPATION) Trade, protession, or ricular kind of work. Generat nature of industry, siness, or establishment in ich employed (or employer) | 76 plante (Duration) yrs. mos/ D ds. |
| | 10 NAME OF FATHER JOSEfra E. Staley 11 BIRTHPLACE (State or country) Mangland 6. Staley | Contributory Secondary (Duration) (Signed) (Signed) (Address) (Duration) (Duration) (Duration) (Duration) (Signed) (Address) |
| PARENTS | OF FATAER (State or country) Manyland 12 MAIDEN NAME OF MOTHER Clara Angleberge 13 BIRTHPLACE OF MOTHER (State or country) Manuland | State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the |
| | (Informant) Druing & Staley | Where was disease contracted, It not at place of death? Former or usual residence. |
| 15 | ed 4/9 191 4 J. M. Goodweller | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Met. Olivet Cenn fully 2, 1914 20 UNDERTAKER ADDRESS Thomas J. Rice Frederich |
| | 1 | |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

mine, etc. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The essary to know Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very Important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indituus: Farmer (position 6 yrs.) For persons Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; "Contributory." dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mally-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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No. υ'n

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH County.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

| Vi | FULL NAME John Fredk | St.; Ward) a hospital or institution, give its NAME instead of street and number.] |
|---------------------------|---|---|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SE | 4 COLOR OR RACE MARRIED, WIDDWED, DRDIVDRCED (Write the word) | (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 p | ATE OF BIRTH (Month) (Day) (Year) | that Trast-saw h appear 191 |
| 7 AC | 7 2 yrs. / 0 mos. 3 ds. 0 min. ? | and that death occurred on the date stated above, at |
| (a) par (b) busi | CCUPATION Trade, profession, or ticular kind of work General nature of industry, iness, or establishment in ch employed (or amployer) | angua Pectris yrs. mos. ds. |
| | 10 NAME OF FATHER Elies String | Contributory (Secondary) (Duration) yrs mos ds. (Signed) , M. D. |
| PARENTS | 11 BIRTHPLACE OF FATHER (State or country) 12 Maiden NAME OF MOTHER OF MOTHER | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| /d | 13 BIRTHPLACE OF MOTHER (State or country) Fresh G. | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death |
| | (Informant) This Place Strip | it not at place of death? Former gr usual residence |
| 16 Fil | (Address) Tredered Md. | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Treducing Med |
| = | If more blanks are needed, address State Revis trar. 6 | E. Franklin St. Relto Paquesting V S. No. 1 |

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers it should be used only when needed. As examples it should be used only when needed. As examples (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic core-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "PURRPERAL scptichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronu er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.



BINDING FOR RESERVED MARGIN

> -i No.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS THIS UNFADING INK-PLAINLY, WITH WRITE N. B.-

state

| County Frederich 6853 Willage or Giv Middletown (No. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 132 |
|---|---|
| Village or City/Maueroun (No, | St.; Ward) a hospital or institution, give its NAME instead |
| 2FULL NAME Sum | of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Fundy white Single, MARRIED, WIDOWED, Springle (Write the word) | 18 DATE OF DEATH (Monyh) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from |
| GDATE OF BIRTH | July 1/ 1914, to July 1/ 1914 |
| (Month) (Day) (Year) | that I last saw halive on, 191 |
| 7 AGE Ottll - Certle If LESS than 1 day, O. hrs. O yrs. O mos. Ods. OR Omin.? | and that death occurred on the date stated above, at |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work | Tunoture Bunth 16 mo, |
| (b) General nature of industry, business, or establishment in which employed (or employer) | (Ouration) yrs. mos. ds. |
| 9 BIRTHPLACE (State or country) Manyland | Contributory (Secondary) (Duration)yrsmosds |
| 10 NAME OF BOYLEY C. L. Summers | (Signed) C. C. Lawar, M. D. |
| T 11 BIRTHPLACE OF FATHER (State or country) Mondayed | Quey 1/ , 1914 (Addrass) Meddletown ned |
| 11 BIRTHPLACE OF FATHER (State or country) Monyland 12 MAIDEN NAME OF MOTHER OF MOTHER 2 Tauldus | *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| 13 BIRTHPLACE OF MOTHER (Siste or country) Manyland | 16 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, It not at place of death? |
| (intermant, Celvrey C. L. Summers | Former or usual residence |
| (Address) Melelletown Mg | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Middletonor Mid Ques 11 1911 |
| Filed July 11, 1914 P. G. Laurey REGISTRAR | 20 UNDERTAKER ADDRESS C.J. K. Glodhill . Wasserville 5 |
| If more blanks are needed, address State Regis trar, 6 | E. Franklin St., Balto., Requesting V. S. No. 4. |

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second of persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer—Coal statement. it should be used only when needed. additional line is provided for the latter statement cases, especially in industrial employments, it is necwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Turreral scotichae etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Traemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ture of the American Medicai Association.) scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated uniess important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of _ cause of death approved by Committee on Nomencia "Contributory." LENT DEATHS State MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic zer" is iess definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Aiways qualify aii diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

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S. No. 1.

d UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION is very Exact statement PERMANENT stated EXACTLY. properly classified. should AGE carefully supplied. certificate. See instructions on back of PLAINLY, WITH should be of Information WRITE CAUSE OF

important.

N.B.

PLACE OF DEATH
County Frederick



6854

STATE OF MARYLAND CERTIFICATE OF DEATH

152.

| | b l | Registration Dist. | No |
|---------|--|--|--|
| Vii | lage or City Plant (No, | St.;Ward) | [It deeth occurred in a hospital or institution, give Its NAME Instead |
| | FULL NAME Mary | obrey | of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF | DEATH |
| 7 | male White 5 single, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH (South) 17 I HEREBY GENTIFY, That I a | Day (Year) |
| 6 D | ATE OF BIRTH (Nonth) (Day (Year) | that I last saw halive on | 191 |
| TA | | and that death occurred on the date stated a The CAUSE OF DEATH* was as follows: | bove, atm, |
| (a | CCUPATION) Trade, profession, or riculer kind of work | (Still - B | irth) |
| bus | General neture of Industry, iness, or establishment in ch employed (or employer) | | yrsds. |
| 9 B | (State or country) Md. | Secondary (Baratian) | NEO DIO 10 |
| | 10 NAME OF Wm. Tobrey | (Signed) 6 S G | yrs mos ds, |
| PARENTS | OF FATHER (State or country) | *State the DISEASE CAUSING DEATH, or, 1 | n deatha from Violent |
| | of MOTHER MANGAREX & Killian | *State the DISEASE CAUSING DEATH, or, I CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, II | |
| | 13 BIRTHPLACE OF MOTHER (State or country) Md. | At piece in the of deeth yrs mos ds. State | yrs, ds |
| | THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was diseese contrected, If not at place of deeth? | |
| 15 | (Address) Penl Md | 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
| | ed Chyly 2, 1917 M. Goodman. REGISTRAR | 20 UNDERTAKED . C. C. | ADDRESS md |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

TO LACK PEGISTRAR N. 1526 FF 10-16-14

[Approved by U. S. Census and American Public Health Association.]

deation as Day laborer, Farm laborer, Laborer-Coal duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be indibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Icsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) brospinal meningitis"); Diphtheria (avold use of fever (the only definite synonym is "Epidemie eereterm for the same disease. Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Lobar pneumowia; Bronchopneumonia Examples: Cerebrospinal

> nant neoplasms); Measles; Whooping cough; Chronic ample: Measles (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association eause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) totanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of ete. State cause for

If this ecrtificate is looked over the originly and all questions answered in detail, it will prevent further correspondence. All the data is essential in must be obtained before the certificate is permanently field.

S. No. 1.

N.B.

PERMANENT

Every Item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A WRITE PLAINLY, WITH

6855 Trederick

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

St.; Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

| | FULL NAME CONTROL | Un |
|-------------------------|--|---|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 38 | Slack Single, widowed, or blooked (Write the word) | 16 DATE OF DEATH Sonth) (Day (Year) |
| 6 D | (Month) (Day (Year) | 17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 that I last saw h alive on 191 191 191 |
| 7 A | | and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH was as follows: The CAUSE OF DEATH was as follows: |
| (a) pa (b) bus | OCCUPATION) Trade, profession, or ricular kind of work Oceneral nature of industry, liness, or establishment in ich employed (or employer) | breaking necht crushing skull & otherwise mangling body (Duration) yrs mos os. |
| - | (State or country) | Contributory Secondary (Danker) |
| | 10 NAME OF FATHER | (Signed) Rosel (Daration) yrs mos ds. |
| ARENTS | 11 BIRTHPLACE OF FATHER (State or country) | *Syste the DISEASE CAUSING DEATH, or, in deaths from VIOLENT |
| PARE | 12 MAIDEN NAME OF MOTHER | TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) |
| | 13 BIRTHPLACE OF MOTHER (State or country) | At place in the of death yrs mos ds. State yrs mos ds |
| | (Informant) R. R. Way | Where was disease contracted, if not at place of death? Former or usuat residence |
| 16 | (Address) Columer | Montevue July 1,191 4 20 UNDERTAKER LAGORES. |
| Fit | ed 1917 . No 0 0000 an | O. C. Cantu Hagores |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Regiesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age who have no ocenpation whatever, write Nonc. eated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite saiary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (relired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of tungs, meninges, peritonaeum, etc., Carein-

valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "Puerperal perilonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. eer" is less definite; avoid use of "Tnmor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenelascpsis, tclanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecic., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles "Seuile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," etc. State canse for "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TORENT, V.S.

BURHAU. V.S.

lend out to be signed

MARGIN RESERVED FOR BINDING

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is UNFADING INK-THIS IS See instructions on back of certificate. PLAINLY, WITH

CAUSE OF Important.

N. B.

V. S. No. 1.

Very

PLACE OF DEATH 6856

5

STATE OF MARYLAND CERTIFICATE OF DEATH

| Registration Dist, No. 141 |
|---|
| St.; Ward) [If death occurred is a hospital or lostitution, give its NAME instead of street and nomber.] |
| MEDICAL CERTIFICATE OF DEATH |
| 16 DATE OF DEATH Puly 28, 1914 (Month) (Day (Year) |
| that I last saw h alive on 191 |
| |
| (Buration) yrs mas ds. Contributory Secondary |
| (Signed) State the DISEASE CAUSING DEATH, or, in deaths from Violent |
| State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mos,ds |
| Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 29, 191 4 |
| |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE of persous engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PERMANENT UNFADING WITH PLAINLY,

INK-THIS

Very PHYSICIANS should of OCCUPATION EXACTLY classified should properly AGE pe may certificate. 9 0 back terms. should 0 plain instructions 5 DEATH See of Item OF Every it

PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED, (Month) ORDIVORCEO (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than f day hrs. OR nin. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer) Contributory fillen BIRTHPLACE Secondary (State or country 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 SIRTHPLACE At place OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. Where was disease contracted. If not at place of death?..... Former or usual residence Important. ACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER Filed m REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.:...Ward)

Ill death occurred in a hospital or institution give its NAME instead of street and number. 1

(Day I HEREBY CERTIFY, That I attended deceased from and that desth occurred on the date stated above, st. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State _____ yrs. ____ mos. BATE OF BURIAL If more blanks are needed, address State Registrar, & E. Franklin St., Batto., Requesting V. S. No. 1.

ò

WRITE

[Approved by U. S. Census and American Public Health Association.]

cated thus: causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucksis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenelascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 6 1914
BUREAU, V.S.

V. S. No. 1.

N. B.

-Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

6858

1 PLACE OF DEATH Treduck



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 14/

St.;----Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

Zarl Wellen

| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
|---|---|
| nale Color of Race Single, Married, Wildowso, Wildowso, Oroly of Write the word) | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I strended decessed from |
| Month) (Day (Year) | that I last saw has raily on July 30, 1914. |
| 7 AGE 11 LESS than 1 day,hrs. orhrs. | snd that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: |
| (a) Trade, profession, or particular kind of work | Cholin Africa |
| (b) General nature of indostry, business, or establishment in which employed (or employer) | (Durafion) yrs mos. 5 ds. |
| ⁹ BIRTHPLACE (State or country) | Secondary (Duration) yrs mos ds. |
| 10 NAME OF FATHER Rolf & Weller 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER | (Signed) 25 A Hely . M. D. Cluy I , 191 (Address) Brond Iw |
| 12 MAIDEN NAME OF MOTHER Clive Padgett 13 BIRTHPLACE OF MOTHER (State or country) | CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, ds. |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Robt 7 Wellen | Where was disease confracted, If not at place of death?———————————————————————————————————— |
| (Address) Duranture Mills Filed day 2 1914 Vani yes REGISTRAR | Dunswift Md Date of Burial Country to Burial 20 undertaker Address Dunswift Dunswift |
| If more blanks are needed, address State Regis | trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, If the occupation has (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic "Collapse," "Coma," "Convulsions," "Debillty" ("Conample: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



| Village of City (No. , St; Ward) | [if death occorred li ospital or institution is its NAME losteau street and number.] |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH | |
| Jemale 4 GOLOR OR RACE 5 BINGLE. MARRIEO, Waldowel Jemale (Write the word) 18 DATE OF DEATH July 27 (Month) (Death Married) 18 HEREBY CERTIFY, That I attanded | |
| BATE OF BIRTH 3 18 1850 Tuen Ty 1914 to July 2 | 7 191 |
| (Month) (Day) (Year) that I last saw h. alive on | , 191.4 |
| If LESS than and that death occurred on the date stated above, at the CAUSE OF DEATH * was as follows: | 10 P. m. |
| (a) Trade, profession, or Service State or country) (b) General nature of Industry, business, or establishment in which employed (or omployer) BIRTHPLACE (State or country) Marula A Contributory (Secondary) | |
| OFFATHER 10 NAME OF FATHER (Signed) (Signed) (Address) (Address) | losy W |
| OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER Mayaret Jusher 13 BIRTHPLACE OF MOTHER (State or country) MANUALLA A, SUICIDAL, OF HOSPITALE. INSTITUTION OF RECENT RESIDENCE (FOR HOSPITALE. INSTITUTION OF RECENT RESIDENTS) At place of death yrs. mos. ss. State yrs. | ons, Transients, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Where was disease contracted, if not at place of death? Former or asnai residence. | F BURIAL |
| Filed | 20,1914 |



[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional ilne is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-If the occupation has Farmer or Planter, For persons -Coal

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscis of lungs, meninges, peritonacum, etc.. Carcinoscis of lungs, meninges, peritonacum, etc..

cause of death approved by Committee on Nomencia "Contributory." (Recommendations on statement of schsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purpresal septichaccause. Always qualify all diseases resuiting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; ture of the American Medicai Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio The contributory (secondary or intercurrent) State cause for Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



S. No. 1.

N. B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH Fre deruk



STATE OF MARYLAND CERTIFICATE OF DEATH

1/ cumons

| Co | unty. I Look | Registration Dist. No. 139 |
|--------------------------|---|--|
| Viii | age or City Maryland State Jano 2FULL NAME & harles Whee | St.; Ward) [If death occurred in a hospital or Institution, give its NAME instead |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SI | 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED WORD OR WITH the WORD | (Month) (Day (Year) 17 I HERENY CERTIFY, That Lattended deceased from |
| 6 D, | TOL 7, 1869 (Month) (I/ay (Year) | that I last saw has alive on 1914. |
| 7 A | 1 LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at 3,100 m, The CAUSE OF DEATH* was as follows: |
| (a) pai (b) bus | CCUPATION Plumed Trade, profession, or ticular kind of work General nature of Industry, iness, or establishment in ch employed (or employer) | Pulmonoy & Jayn ged Tubercologis (Ouration) yrs mos os. |
| 9 B I | RTHPLACE (State or country) maryland. | Contributory Secondary (Ouration) yrs mos ds. |
| ARENTS | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER | (Signed) N. D. |
| 0 | 13 BIRTHPLACE OF MOTHER (State or country) Orylow . | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds Where was disease contracted |
| | (Informant) Hote for olong w | If not at place of death? Former or usual residence. 1339 annes of Salls me sugar residence. 1339 annes of Burial Date of Bur |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

s(a) Spinner, (b) Cotton mill; (a) Salesman, material worked on may form part of the second it should be used only when needed. As examples: additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman. etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write Aone. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canaffection need not be stated unless important. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "PUERPERAL septichae-

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No. vi2

8 ż

PERMANENT

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AGE should be stated EXACTLY. PHYSIĆIANS should state properly classified. Exact statement of OCCUPATION is very UNFADING INK-THIS IS carefully supplied. Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate. WRITE PLAINLY, WITH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 148

St.;....Ward)

If death occurred in a hospital or Institution,

| FULL NAME LEWY Zanklin Whiten of street and number.] | | | |
|--|--|---|--|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3 51 | 4 COLOR OR RACE 5 SINGLE, MARRIED, Single Mall Algor OR DIVORCED OR DIVORCED OF THE WORD | 16 DATE OF DEATH (Month) (Day (Year) | |
| 6 D | ### ATE OF BIRTH | 17 I HEREBY CERTIFY, That I attended deceased from, 191, 191, 191, 191, 191 | |
| 7 A 6 | | and that death occurred on the date stated above, at | |
| (a) par (b) bus | Trade, profession, or At Howe rticular kind of work General nature of Industry, iness, or establishment in | (Ouration) yrs mos ds. | |
| _ | ch employed (or employer) RTHPLACE (State or country) A anyland | Contributory Secondary (Duration) yrs mos ds. | |
| TS | 10 NAME OF FATHER Lavy Sylvester Phiter 11 BIRTHPLACE OF FATHER | (Signed) Al. R. Etchison, M. O. 2nly 15, 1914 (Address) Deffessor | |
| PARENT | (State or country) Many land 12 MAIDEN NAME & H. Man He Sent | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. | |
| _ | 13 BIRTHPLACE OF MOTHER (State or country) Manykand | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, | |
| | (Informant) Reary Sylvester Milen | If not at place of death? Former or usual residence | |
| 16 Fil | REGISTRAR | Mount Vill Date of Burial Mount Vill Manuel 19, 191. 4 20 UNDERTAKER ADDRESS ALLE LENGTH STEPPEN | |
| | Il more blanks are needed, address State Regist | trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. | |



[Approved by U. S. Census and American Public Health Association.]

statement. applies to each and every person, irrespective of age. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilis, nant ueoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never reporample: cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," "PUERPERAL septichae-

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BURLLIN, V.S.

| rear Blue lidge Jump No. Ta. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 139 |
|--|---|
| * FULL NAME Catherine Hoo. | dward street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Tenuale Hute Single, Married, Married, Michaeld Ordiverces (Write the word) | 16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decaased from [191, to |
| (Month) (Day) (Year) 7 AGE 1 | and that boath occurred on the translated have, at |
| (a) Frade, profession, or particular kind of work | Castiac Intoliseur |
| (b) General nature of industry, business, or establishment in which emplayed (or emplayer) | Contributory (Duration) yrs mas ds |
| 10 NAME OF FATHER TO Skins | (Secondary) Duration) - yrs mas ds. (Signed) Alph Duration, M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER | *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) Englond | At place of death yrs. mos ds. State ds. |
| Informant; In a control of the past of My knowledge | Where was disease contracted, who have the state of death of the state of death of the state of death of the state of the |
| Fileds Acy 12 1914 6 A Stew REGISTERS | DATE OF BURIAL OR REMOVAL DATE OF BURIAL POUNDERTAKER ADDRESS MC |
| | r, 6 E. Franklin St., Balto., Requesting V. S. No. 1 |



[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberoulosis of lungs, meninges, peritonaeum, etc.. Carcin-

-mus," "Old Age," "Shock," "Uraemia," "Weakness," childbirth or miscarriage, as "Purrerral scottchacvalvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. etc., The contributory nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma, etc., of ... cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Exhaustion," Examples: For vio-

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PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. N. B.—Every Item of CAUSE OF I



| PLACE OF DEATH | STATE OF WARTLAND |
|--|--|
| County Frederick | CERTIFICATE OF DEATH |
| County | Registration Dist, No. 13 |
| | 2 |
| THERE OF City Frederich (No. 47, | give Its NAME Instead |
| 2FULL NAME Mangaret V. | Yinger (Twise) of street and nomber.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Geruale White, (Write the word) | 16 DATE OF DEATH (Month) (Day (Year) |
| 6 DATE OF BIRTH | I HEREBY CERTIFY, That I attended deceased from |
| DATE OF BIRTH | July 20 , 1914, to July 21 , 1914, |
| (Month) (Day (Year) | that Plast saw h en alive on July 21 ,1914 |
| TAGE If LESS than | and that death occurred on the dats stated above, st |
| yrs mos, ds. OR min.? | The CAUSE OF DEATH* was as follows: |
| BOCCUPATION | Premature Birth |
| (a) Trade, profession, or particular kind of work | Cremature Barths |
| (b) General nature of Industry, | |
| business, or establishment in which employed (or omployer) | (Duration)mosds. |
| 9 BIRTHPLACE (State or country) | Contributory |
| Mandand | (Apration) yrs mos ds. |
| 10 NAME OF | Clair R |
| Charles M. Junger | (Signed) , M. D. |
| 11 BIRTHPLACE OF FATHER | 1914 (Address) Frederick ma |
| OF FATHER (State or country) Mangand 12 Maiden Name OF MOTHER | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| of MOTHER Saralle V. Harshme | 18 LENGTH OF RESIDENCE (FOR HOSPITALS AND THE PROPERTY OF RESIDENCE (FOR HOSPITALS AND THE PROPERTY OF THE PRO |
| 13 BIRTHPLACE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place |
| OF MOTHER (State or country) Manelound | of death yrs mos ds. State yrs mos ds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, If not at place of death? |
| (interment) Chas No. Finger | Former or usual residence. |
| (Address 4 7. 6. Hefth St | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 | Mot Olivet Com July 21, 1914 |
| mad 21 by last and class & Mchandel | 20 UNDERTAKER ADDRESS |

ADGIST BA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Contributory." The contributory (secondary or intercurrent) Mcasles (disease causing death), 29 ds.; (Recommendations on statement of

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6864 1 PLACE OF DEATH



STATE OF MARYLAND

| County Frederick | CERTIFICATE OF DEATH |
|--|--|
| V | Registration Dist. No. 131 |
| VIIIage or City Arcdereck (No. 47 | , & Fifth St.; H Ward) [If death occurred in a hospital or institution, give its NAME instead |
| FULL NAME Many F. 3 | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SEX 4 COLOR OR RAGE 5 SINGLE, Sengle MARRIED, WIGOWED, OROUGORGED (Write the word) | (Month) (Day (Year) |
| DATE OF BIRTH July 20, 191 (Month) (Day (Year | 17 I HEREBY CERTIFY, That I attended deceased from 1914. that I last saw h & alive on here with the saw here with the saw h & alive on here with the saw here w |
| TAGE It LESS 1 day, 7 | than and that death occurred on the date stated above, at |
| OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, | Grenature Birth |
| business, or establishmenf in which employed (or employer) BIRTHPLACE (State or country) | Contributory Secondary |
| 10 NAME OF FATHER Charles Mo. Finge | (Signed) (Duration) yrs. mos ds. (Signed) Such , M. D. In 21 , 1914 (Address) Fledensk Mol |
| 11 BIRTHPLACE OF FATHER (State or country) Houry glound 12 MAIDEN NAME OF MOTHER? | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal, |
| 13 BIRTHPLACE OF MOTHER (State or country.) Mangland | At place of deathyrs, mos ds. State yrs, mos ds |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas Me Junger | Where was disease contracted, If not at place of death? Former or osual residence |
| Flied 2 (Inhy 1914 draf Millard | 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mot. Olivet Com July 21, 1914 20 UNDERTAKER ADDRESS |
| Projet RA | (1-y |

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotivo engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report

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In Burch

